

using it to determine Federal funding in this reauthorization. Another victory for responsible public policy.

Finally, it was an astute decision to intentionally shorten this reauthorization from 5 to 3 years to incentivize the stakeholders and authorizing committees to work swiftly and astutely on crafting a new Ryan White bill that will be more just for all HIV/AIDS patients nationwide.

Is this the bill I wanted? Of course not. I remain concerned that States' differing HIV surveillance systems will prevent funding from truly following the epidemic during the 3 years of the reauthorization. However, I am grateful that this bill strongly limits formula losses to counter potential undeserved funding shifts.

So, in the end, our mutual compromise has resulted in a new bill that we can accept if not embrace. I wish to thank all the people who worked so hard on this bill, including John Ford and William Garner of Mr. DINGELL's staff who strove to accommodate so many varying regional concerns about HIV/AIDS. I am grateful for the tireless efforts of the NY delegation, the New York Department of Health and NYC Mayor's office who worked many long nights and weekends with us to help advocate for the best possible bill we could negotiate. This was certainly a team effort, and I know that the knowledge gained from the countless hours of discussions we have had over the past year will strengthen our ability to craft an even better Ryan White reauthorization in 3 years.

The SPEAKER pro tempore. Is there objection to the original request of the gentleman from Texas?

There was no objection.

A motion to reconsider was laid on the table.

#### CHRISTOPHER AND DANA REEVE QUALITY OF LIFE FOR PERSONS WITH PARALYSIS ACT

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 1554) to enhance and further research into paralysis and to improve rehabilitation and the quality of life for persons living with paralysis and other physical disabilities, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

Mr. PALLONE. Mr. Speaker, reserving the right to object, again on this one, I would ask the chairman if the bill we are considering now, as amended, is the one timed 12:24, November 30, 2006, 12:24 p.m.

Again, I am concerned at this hour about what we are actually considering.

Mr. BARTON of Texas. We have to ask the desk. I think the answer is yes. The desk has the copy. The number is on the bottom left-hand corner. It has been cleared.

The SPEAKER pro tempore. It says December 8, 2006.

Mr. PALLONE. So this is something that was changed within the last hour or so again?

Mr. BARTON of Texas. We can withdraw it. I have no problem asking unanimous consent to withdraw this request to verify that what you have is the right version.

Mr. PALLONE. I would appreciate that.

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent to withdraw the amendment to H.R. 1554.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

#### DEXTROMETHORPHAN DISTRIBUTION ACT OF 2006

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 5280) to amend the Federal Food, Drug, and Cosmetic Act with respect to the distribution of the drug dextromethorphan, and for other purposes, with a Senate amendment thereto, and concur in the Senate amendment.

Mr. Speaker, the bill I called up, it came over from the Senate and we do not have a copy of it.

Mr. Speaker, I ask unanimous consent to withdraw my motion on H.R. 5280 until we get everything straightened out.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

#### CHRISTOPHER AND DANA REEVE QUALITY OF LIFE FOR PERSONS WITH PARALYSIS ACT

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 1554) to enhance and further research into paralysis and to improve rehabilitation and the quality of life for persons living with paralysis and other physical disabilities, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The Clerk read the bill, as follows:

H.R. 1554

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

##### SECTION 1. SHORT TITLE.

This Act may be cited as the "Christopher Reeve Paralysis Act".

##### SEC. 2. TABLE OF CONTENTS.

Sec. 1. Short title.

Sec. 2. Table of contents.

##### TITLE I—PARALYSIS RESEARCH

Sec. 101. Expansion and coordination of activities of the National Institutes of Health with respect to research on paralysis.

##### TITLE II—PARALYSIS REHABILITATION RESEARCH AND CARE

Sec. 201. Expansion and coordination of activities of the National Institutes of Health with respect to research with implications for enhancing daily function for persons with paralysis.

##### TITLE III—IMPROVING QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES

Sec. 301. Programs to improve quality of life for persons with paralysis and other physical disabilities.

##### TITLE IV—ACTIVITIES OF THE DEPARTMENT OF VETERANS AFFAIRS

Sec. 401. Expansion and coordination of activities of the Veterans Health Administration.

Sec. 402. Definitions.

##### TITLE I—PARALYSIS RESEARCH

##### SEC. 101. EXPANSION AND COORDINATION OF ACTIVITIES OF THE NATIONAL INSTITUTE OF HEALTH WITH RESPECT TO RESEARCH ON PARALYSIS.

(a) IN GENERAL.—

(1) ENHANCED COORDINATION OF ACTIVITIES.—The Director of the National Institutes of Health (in this section referred to as the "Director") may expand and coordinate the activities of such Institutes with respect to research on paralysis. In order to further expand upon the activities of this section, the Director may consider the methods outlined in the report under section 2(b) of Public Law 108-427 with respect to spinal cord injury and paralysis research (relating to the Roadmap for Medical Research of the National Institutes of Health).

(2) ADMINISTRATION OF PROGRAM; COLLABORATION AMONG AGENCIES.—The Director shall carry out this section acting through the Director of the National Institute of Neurological Disorders and Stroke (in this section referred to as the "Institute") and in collaboration with any other agencies that the Director determines appropriate.

(b) COORDINATION.—

(1) IN GENERAL.—The Director may develop mechanisms to coordinate the paralysis research and rehabilitation activities of the agencies of the National Institutes of Health in order to further advance such activities and avoid duplication of activities.

(2) REPORT.—Not later than December 1, 2005, the Director shall prepare a report to Congress that provides a description of the paralysis activities of the Institute and strategies for future activities.

(c) CHRISTOPHER REEVE PARALYSIS RESEARCH CONSORTIA.—

(1) IN GENERAL.—The Director may under subsection (a)(1) make awards of grants to public or nonprofit private entities to pay all or part of the cost of planning, establishing, improving, and providing basic operating support for consortia in paralysis research. The Director shall designate each consortium funded under grants as a Christopher Reeve Paralysis Research Consortium.

(2) RESEARCH.—Each consortium under paragraph (1)—

(A) may conduct basic and clinical paralysis research;

(B) may focus on advancing treatments and developing therapies in paralysis research;

(C) may focus on one or more forms of paralysis that result from central nervous system trauma or stroke;

(D) may facilitate and enhance the dissemination of clinical and scientific findings; and

(E) may replicate the findings of consortia members for scientific and translational purposes.

(3) **COORDINATION OF CONSORTIA; REPORTS.**—The Director may, as appropriate, provide for the coordination of information among consortia under paragraph (1) and ensure regular communication between members of the consortia, and may require the periodic preparation of reports on the activities of the consortia and the submission of the reports to the Director.

(4) **ORGANIZATION OF CONSORTIA.**—Each consortium under paragraph (1) may use the facilities of a single lead institution, or be formed from several cooperating institutions, meeting such requirements as may be prescribed by the Director.

(d) **PUBLIC INPUT.**—The Director may under subsection (a)(1) provide for a mechanism to educate and disseminate information on the existing and planned programs and research activities of the National Institutes of Health with respect to paralysis and through which the Director can receive comments from the public regarding such programs and activities.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated in the aggregate \$25,000,000 for the fiscal years 2006 through 2009. Amounts appropriated under this subsection are in addition to any other amounts appropriated for such purpose.

## **TITLE II—PARALYSIS REHABILITATION RESEARCH AND CARE**

### **SEC. 201. EXPANSION AND COORDINATION OF ACTIVITIES OF THE NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH WITH IMPLICATIONS FOR ENHANCING DAILY FUNCTION FOR PERSONS WITH PARALYSIS.**

(a) **IN GENERAL.**—

(1) **EXPANSION OF ACTIVITIES.**—The Director of the National Institutes of Health (in this section referred to as the “Director”) may expand and coordinate the activities of such Institutes with respect to research with implications for enhancing daily function for people with paralysis.

(2) **ADMINISTRATION OF PROGRAM; COLLABORATION AMONG AGENCIES.**—The Director shall carry out this section acting through the Director of the National Institute on Child Health and Human Development and the National Center for Medical Rehabilitation Research and in collaboration with the National Institute on Neurological Disorders and Stroke, the Centers for Disease Control and Prevention, and any other agencies that the Director determines appropriate.

(b) **PARALYSIS CLINICAL TRIALS NETWORKS.**—

(1) **IN GENERAL.**—The Director may make awards of grants to public or nonprofit private entities to pay all or part of the costs of planning, establishing, improving, and providing basic operating support to multicenter networks of clinical sites that will collaborate to design clinical rehabilitation intervention protocols and measures of outcomes on one or more forms of paralysis that result from central nervous system trauma, disorders, or stroke, or any combination of such conditions.

(2) **RESEARCH.**—Each multicenter clinical trial network may—

(A) focus on areas of key scientific concern, including—

(i) improving functional mobility;

(ii) promoting behavioral adaptation to functional losses, especially to prevent secondary complications;

(iii) assessing the efficacy and outcomes of medical rehabilitation therapies and practices and assisting technologies;

(iv) developing improved assistive technology to improve function and independence; and

(v) understanding whole body system responses to physical impairments, disabilities,

and societal and functional limitations; and

(B) replicate the findings of network members for scientific and translation purposes.

(3) **COORDINATION OF CLINICAL TRIALS NETWORKS; REPORTS.**—The Director may, as appropriate, provide for the coordination of information among networks and ensure regular communication between members of the networks, and may require the periodic preparation of reports on the activities of the networks and submission of reports to the Director.

(c) **REPORT.**—Not later than December 1, 2005, the Director shall submit to the Congress a report that provides a description of research activities with implications for enhancing daily function for persons with paralysis.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated in the aggregate \$25,000,000 for the fiscal years 2006 through 2009. Amounts appropriated under this subsection are in addition to any other amounts appropriated for such purpose.

## **TITLE III—IMPROVING QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES**

### **SEC. 301. PROGRAMS TO IMPROVE QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES.**

(a) **IN GENERAL.**—The Secretary of Health and Human Services (in this title referred to as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention, may study the unique health challenges associated with paralysis and other physical disabilities and carry out projects and interventions to improve the quality of life and long-term health status of persons with paralysis and other physical disabilities. The Secretary may carry out such projects directly and through awards of grants or contracts.

(b) **CERTAIN ACTIVITIES.**—Activities under subsection (a) include—

(1) the development of a national paralysis and physical disability quality of life action plan, to promote health and wellness in order to enhance full participation, independent living, self-sufficiency and equality of opportunity in partnership with voluntary health agencies focused on paralysis and other physical disabilities, to be carried out in coordination with the State-based Comprehensive Paralysis and Other Physical Disability Quality of Life Program of the Centers for Disease Control and Prevention;

(2) support for programs to disseminate information involving care and rehabilitation options and quality of life grant programs supportive of community based programs and support systems for persons with paralysis and other physical disabilities;

(3) in collaboration with other centers and national voluntary health agencies, establish a hospital-based paralysis registry and conduct relevant population-based research; and

(4) the development of comprehensive, unique and innovative programs, services, and demonstrations within existing State-based disability and health programs of the Centers for Disease Control and Prevention which are designed to support and advance quality of life programs for persons living with paralysis and other physical disabilities focusing on—

(A) caregiver education;

(B) physical activity;

(C) education and awareness programs for health care providers;

(D) prevention of secondary complications;

(E) home and community-based interventions;

(F) coordinating services and removing barriers that prevent full participation and integration into the community; and

(G) recognizing the unique needs of underserved populations.

(c) **GRANTS.**—The Secretary may award grants in accordance with the following:

(1) To State and local health and disability agencies for the purpose of—

(A) establishing paralysis registries for the support of relevant population-based research;

(B) developing comprehensive paralysis and other physical disability action plans and activities focused on the items listed in subsection (b)(4);

(C) assisting State-based programs in establishing and implementing partnerships and collaborations that maximize the input and support of people with paralysis and other physical disabilities and their constituent organizations;

(D) coordinating paralysis and physical disability activities with existing state-based disability and health programs;

(E) providing education and training opportunities and programs for health professionals and allied caregivers; and

(F) developing, testing, evaluating, and replicating effective intervention programs to maintain or improve health and quality of life.

(2) To nonprofit private health and disability organizations for the purpose of—

(A) disseminating information to the public;

(B) improving access to services for persons living with paralysis and other physical disabilities and their caregivers;

(C) testing model intervention programs to improve health and quality of life; and

(D) coordinating existing services with state-based disability and health programs.

(d) **COORDINATION OF ACTIVITIES.**—The Secretary shall assure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service.

(e) **REPORT TO CONGRESS.**—Not later than December 1, 2005, the Secretary shall submit to the Congress a report describing the results of the evaluation under subsection (a), and as applicable, the strategies developed under such subsection.

(f) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated in the aggregate \$25,000,000 for the fiscal years 2006 through 2009.

## **TITLE IV—ACTIVITIES OF THE DEPARTMENT OF VETERANS AFFAIRS**

### **SEC. 401. EXPANSION AND COORDINATION OF ACTIVITIES OF THE VETERANS HEALTH ADMINISTRATION.**

(a) **IN GENERAL.**—

(1) **ENHANCED COORDINATION OF ACTIVITIES.**—The Secretary of Veterans Affairs may expand and coordinate activities of the Veterans Health Administration of the Department of Veterans Affairs with respect to research on paralysis.

(2) **ADMINISTRATION OF PROGRAM.**—The Secretary shall carry out this section through the Chief Research and Development Officer of the Administration and in collaboration with the National Institutes of Health and other agencies the Secretary determines appropriate.

(b) **ESTABLISHMENT OF PARALYSIS RESEARCH, EDUCATION, AND CLINICAL CARE.**—

(1) **IN GENERAL.**—The Secretary may establish within the Department of Veterans Affairs centers to be known as Paralysis Research, Education and Clinical Care Centers. Such centers shall be established through the award of grants to Administration medical centers that are affiliated with medical schools or other organizations the Secretary

considers appropriate. Such grants may be used to pay all or part of the costs of planning, establishing, improving, and providing basic operating support for such centers.

(2) **RESEARCH.**—Each center under paragraph (1)—

(A) may focus on basic biomedical research on the types of paralysis that result from neurologic dysfunction, neurodegeneration, or trauma;

(B) may focus on clinical science research on the types of paralysis that result from neurologic dysfunction, neurodegeneration, or trauma;

(C) may focus on rehabilitation research on the types of paralysis that result from neurologic dysfunction, neurodegeneration, or trauma;

(D) may focus on health services research on the types of paralysis that result from neurologic dysfunction, neurodegeneration, or trauma to improve health outcomes, increase the cost-effectiveness of service, and implement best practices in the treatment of such types of paralysis; and

(E) may facilitate and enhance the dissemination of scientific findings and evidence-based practices.

(3) **COORDINATION OF CENTERS INTO CONSORTIA.**—The Secretary may, as appropriate, provide for the linkage and coordination of information among centers under paragraph (1) in order to create national consortia of centers and to ensure regular communications between members of the centers. Each consortium—

(A) may expand the capacity of its Administration medical centers to conduct basic, clinical, rehabilitation, and health-sciences research with respect to paralysis by increasing the available research resources;

(B) may identify gaps in research, clinical service, or implementation strategies;

(C) may operate as a multidisciplinary research and clinical care team to determine best practices, to develop standards of care, and to establish guidelines for implementation throughout the Department of Veterans Affairs; and

(D) may use the facilities of a single lead institution, or facilities formed from several cooperating institutions, that meet such requirements as prescribed by the Secretary and—

(i) may provide core funding that will enhance ongoing research by bringing together paralysis health care and research communities in a manner that will enrich the effectiveness of clinical care, present research and future directions; and

(ii) may include administrative, research, clinical, educational and implementation cores, other cores may be proposed.

(4) **COORDINATION OF INFORMATION; REPORTS.**—The Secretary may, as appropriate, provide for the coordination of information among centers and consortia under this section and ensure regular communication with respect to the activities of the centers and consortia, and may require the periodic preparation of reports on the activities of the centers and consortia, and require the submission of such reports.

(c) **ESTABLISHMENT OF QUALITY ENHANCEMENT RESEARCH INITIATIVES FOR PARALYSIS.**—

(1) **IN GENERAL.**—The Secretary may make grants to Administration medical centers for the purpose of carrying out projects to translate clinical findings and recommendations with respect to paralysis into evidence-based best practices for use by the Administration. Such projects shall be designated by the Secretary as Quality Enhancement Research Initiative projects (referred to in this subsection as “QUERI projects”).

(2) **REQUIREMENT.**—A grant may be made under paragraph (1) to an Administration

medical center only if the center is affiliated with a school of medicine or with another entity determined by the Secretary to be appropriate.

(3) **CERTAIN USES OF GRANT.**—The activities for which a grant under paragraph (1) may be expended by a QUERI project include the following:

(A) To pay all or part of the costs of planning, establishing, improving and providing basic operating support for the project.

(B) To work toward implementing best practices identified under paragraph (1) throughout the Administration through efforts to facilitate comprehensive organizational change, and to evaluate and refine such implementation efforts through the collection, analysis, and reporting of data on critical patient outcomes and system performance.

(C) To identify high-risk or high-volume primary or secondary consequences of paralysis that results from neurologic dysfunction, neurodegeneration, or trauma.

(D) To systematically examine quality of care for persons with paralysis from neurologic dysfunction, neurodegeneration, or trauma.

(E) To define existing practice patterns and outcomes for persons with paralysis throughout the Administration and current variation from best practices both within and outside of the Department of Veterans Affairs.

(F) To enhance ongoing research by bringing together paralysis clinical care and health service research communities to identify the health care needs of the paralysis community, examine standard practices, determine best practices and to implement best practices for persons with paralysis and their families.

(G) To formulate health service research protocols aimed at determining paralysis-care related best practices, closing the gap between current practices in paralysis care in the Department of Veterans Affairs, assessing the best practices within and outside of the Department of Veterans Affairs, and developing strategies for the implementation of best practices.

(H) To implement information, tools, products and other interventions determined to be in the best interest of persons with paralysis (including performance criteria for clinicians and psychosocial interventions for veterans and their families).

(I) To disseminate findings in scientific peer-reviewed journals and other venues deemed appropriate, such as veteran service organization publications.

(4) **ORGANIZATION OF PROJECT.**—Each QUERI project may use the facilities of a single lead Administration medical center, or be formed from cooperating such centers that meet such requirements as may be prescribed by the Secretary.

(5) **MAINTENANCE OF EFFORT.**—A grant may be made under paragraph (1) only if, with respect to activities for which the award is authorized to be expended, the applicant for the award agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the applicant for the fiscal year preceding the first fiscal year for which the applicant receives such an award.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated in the aggregate \$25,000,000 for fiscal years 2006 through 2009. Amounts appropriated under this section are in addition to any other amounts appropriated for such purpose.

#### SEC. 402. DEFINITIONS.

For purposes of this title:

(1) The term “Administration” means the Veterans Health Administration of the Department of Veterans Affairs.

(2) The term “Secretary” means the Secretary of Veterans Affairs.

AMENDMENT IN THE NATURE OF A SUBSTITUTE  
OFFERED BY MR. BARTON OF TEXAS

Mr. BARTON of Texas. Mr. Speaker, I offer an amendment in the nature of a substitute.

The Clerk read as follows:

Amendment in the nature of a substitute offered by Mr. BARTON of Texas:

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Christopher and Dana Reeve Quality of Life for Persons with Paralysis Act”.

#### SEC. 2. PROGRAMS TO IMPROVE QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES.

(a) **IN GENERAL.**—The Secretary of Health and Human Services (in this Act referred to as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention, may study the unique health challenges associated with paralysis and other physical disabilities and carry out projects and interventions to improve the quality of life and long-term health status of persons with paralysis and other physical disabilities. The Secretary may carry out such projects directly and through awards of grants or contracts.

(b) **CERTAIN ACTIVITIES.**—Activities under subsection (a) may include—

(1) the development of a national paralysis and physical disability quality-of-life action plan, to promote health and wellness in order to enhance full participation, independent living, self-sufficiency, and equality of opportunity in partnership with voluntary health agencies focused on paralysis and other physical disabilities, to be carried out in coordination with the State-based Comprehensive Paralysis and Other Physical Disability Quality of Life Program of the Centers for Disease Control and Prevention;

(2) support for programs to disseminate information involving care and rehabilitation options and quality-of-life grant programs supportive of community-based programs and support systems for persons with paralysis and other physical disabilities;

(3) in collaboration with other centers and national voluntary health agencies, the establishment of a hospital-based registry, and the conduct of relevant population-based research, on motor disability (including paralysis); and

(4) the development of comprehensive, unique, and innovative programs, services, and demonstrations within existing State-based disability and health programs of the Centers for Disease Control and Prevention which are designed to support and advance quality-of-life programs for persons living with paralysis and other physical disabilities focusing on—

(A) caregiver education;

(B) physical activity;

(C) education and awareness programs for health care providers;

(D) prevention of secondary complications;

(E) home- and community-based interventions;

(F) coordination of services and removal of barriers that prevent full participation and integration into the community; and

(G) recognition of the unique needs of underserved populations.

(c) **GRANTS.**—In carrying out subsection (a), the Secretary may award grants in accordance with the following:

(1) To State and local health and disability agencies for the purpose of—

(A) establishing paralysis registries for the support of relevant population-based research;

(B) developing comprehensive paralysis and other physical disability action plans and activities focused on the items listed in subsection (b)(4);

(C) assisting State-based programs in establishing and implementing partnerships and collaborations that maximize the input and support of people with paralysis and other physical disabilities and their constituent organizations;

(D) coordinating paralysis and physical disability activities with existing State-based disability and health programs;

(E) providing education and training opportunities and programs for health professionals and allied caregivers; and

(F) developing, testing, evaluating, and replicating effective intervention programs to maintain or improve health and quality of life.

(2) To nonprofit private health and disability organizations for the purpose of—

(A) disseminating information to the public;

(B) improving access to services for persons living with paralysis and other physical disabilities and their caregivers;

(C) testing model intervention programs to improve health and quality of life; and

(D) coordinating existing services with State-based disability and health programs.

(d) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other activities of the Public Health Service.

(e) REPORT TO CONGRESS.—Not later than December 1, 2007, the Secretary shall submit to the Congress a report describing the results of the study under subsection (a) and, as applicable, the national plan developed under subsection (b)(1).

(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated in the aggregate \$25,000,000 for the fiscal years 2007 through 2010.

### SEC. 3. SENSE OF CONGRESS.

It is the sense of the Congress that—

(1) as science and research have advanced, so too has the need to increase strategic planning across the National Institutes of Health to identify research that is important to the advancement of biomedical science; and

(2) research involving collaboration among the national research institutes and national centers of the National Institutes of Health is crucial for advancing research on paralysis and thereby improving rehabilitation and the quality of life for persons living with paralysis and other physical disabilities.

Mr. BARTON of Texas (during the reading). Mr. Speaker, I ask unanimous consent that the amendment be considered as read and printed in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The SPEAKER pro tempore. Is there objection to the original request of the gentleman from Texas?

Mr. PALLONE. Mr. Speaker, reserving an objection at this time, again I was going to ask the chairman, the version I have now is December 8 at 5:25 p.m. Does that include the amendment that the gentleman now proposed? Or is this something new?

Mr. BARTON of Texas. Yes.

Mr. PALLONE. So the amendment that you proposed would be the version that I have now for December 8 at 5:25 p.m.?

Mr. BARTON of Texas. Yes.

Mr. PALLONE. Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of H.R. 1554, the Christopher Reeve Paralysis Act, legislation that will enhance paralysis research and improve the lives of people suffering from mobility impairments caused by disease or accident.

I first introduced the Christopher Reeve Paralysis Act in 2003 after meeting with the extraordinary man for whom this bill is named. Christopher Reeve told me how dramatically the accident that left him paralyzed changed his life and forced him to completely depend on others for his everyday needs.

What impressed me so much about Christopher was not only his strength and courage in dealing with what only people similarly situated can understand, but his resolve and determination to one day walk again and help others who shared his condition. And though Chris never walked again before his death, he and his wife Dana, who also has since so tragically passed away, pushed to the national forefront the issue of the need for better research into paralysis and greater emphasis on rehabilitation. This bill is part of their legacy.

The substitute amendment offered to the bill this evening represents a significant step forward in our efforts to find a cure for paralysis and mobility impairment. The amendment authorizes grants through the Department of Health and Human Services to expand research on paralysis, better coordinate that research, and intensify efforts to translate clinical research into progress on rehabilitation and improving the quality-of-life of people with paralysis and mobility impairment.

The bill will encourage the development of unique programs through the Centers for Disease Control and Prevention to improve the quality of life and long-term health status of persons with paralysis and other physical disabilities. CDC grants could be used to help states develop coordinated services to assist people with paralysis or for non-profit organizations to improve access to important services and better integrate people with paralysis into society.

It is my hope that efforts in these areas ultimately will help translate clinical research into evidence-based best practices for treating paralysis and improving quality-of-life for mobility-impaired individuals.

Finally, the amendment renames the bill the Christopher and Dana Reeve Quality of Life for Persons with Paralysis Act, to appropriately recognize the tireless efforts of both Chris and Dana Reeve, both of whom were taken from this Earth much too soon.

There is no question that this bill is desperately needed. Though Christopher Reeve was certainly one of the most vocal and visible advocates for people affected by paralysis, he fought for many more who shared his condition. And while there are tremendous economic costs associated with disability caused by paralysis, we cannot begin to measure the impact that this condition has on those living

with paralysis and on those who love and care for them.

Before I conclude, I want to thank Energy and Commerce Committee Chairman JOE BARTON and Health Subcommittee Chairman NATHAN DEAL, both for their willingness to move forward on this bill and for their leadership on issues important to so many of us. I am proud to have worked with you both for so many years and wish you well as you continue your service in Congress.

I also want to thank full Committee Ranking Member JOHN DINGELL, Subcommittee Ranking Member SHERROD BROWN, and the majority and minority committee staffs for their work on this measure, especially Randy Pate of the majority staff and Cheryl Jaeger of Majority Whip BLUNT's staff. I also would be remiss if I did not thank several former staffers of mine, Steve Tilton, Jeremy Allen, and Jeanne Haggerty, for their previous work on this bill. The work of all of these dedicated people has led us to where we are today.

Mr. Speaker, we clearly need to better focus and enhance our national effort to cure paralysis and improve the lives of people who suffer from mobility impairment. The passage and enactment of the Christopher and Dana Reeve Quality of Life for Persons with Paralysis Act will be another critical step toward helping millions of Americans walk again, and carrying on the fight that Christopher and Dana Reeve fought so valiantly. I urge all of our colleagues to support it.

The amendment was agreed to.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

### GENERAL LEAVE

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 6164, H.R. 5280, H.R. 5472, H.R. 1245, S. 3718, S. 1608, S. 3678, S. 707, H.R. 6143, H.R. 1554, S. 3546, S. 2563, S. 4092 and H. Res. 335, and to insert extraneous material on the bills.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

### FALLEN FIREFIGHTERS ASSISTANCE TAX CLARIFICATION ACT OF 2006

Mr. THOMAS. Mr. Speaker, I ask unanimous consent that the Committee on Ways and Means be discharged from further consideration of the bill (H.R. 6429) to treat payments by charitable organizations with respect to certain firefighters as exempt payments, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

The Clerk read the bill, as follows:

H.R. 6429

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*